

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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42	8	8				
43	8	8				
44	8	8				
45	8	8				
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49						
50						
TOTAL IND.	62					
TOTAL DEP.	39	→	→	→		
TOTAL CLAIMS	45					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS						